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CONFIRMATION NO. 3618

SERIAL NUMBER 10/802,354	FILING OR 371(c) DATE 03/16/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO.	
APPLICANTS Laurence M. Shanley, Miami, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/03/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS LAURENCE M. SHANLEY 662 N.E. 195TH STREET NORTH MIAMI BEACH, FL33179					
TITLE Needle cap assembly for syringe					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		